

EUREKA DEFENSE COUNCIL
Form No. 9

PHONE 3516

WARDEN'S REPORT

Incident
Number _____

Date _____ Time Reported _____ A.M. _____ P.M. Operator _____
 Reported By _____ Area District Sector No. _____

1. LOCATION OF INCIDENT _____

2. TIME OF INCIDENT _____ A.M. _____ P.M.

3. TYPE OF BOMB: H. E. ☐ INCENDIARY ☐ GAS ☐

4. FELL: IN STREET ☐ IN OPEN ☐ ON BUILDING ☐

5. NUMBER OF CASUALTIES _____ (ESTIMATE)

6. FIRE: YES ☐ NO ☐ (ESTIMATE SIZE) _____

7. DAMAGE TO UTILITIES: GAS ☐ WATER ☐ TROLLEY ☐

ELEC. WIRES ☐ PHONE LINES ☐ SEWERS ☐

8. STREETS BLOCKED _____

9. UNEXPLODED BOMB _____

10. REMARKS _____

If Report Is Not Air Raid Damage Use Space Above For Message

NEEDS: POLICE ☐ FIRE ☐ AMBULANCE ☐ RESCUE ☐

UTILITIES (Specify) _____ ☐

DISPATCHED.

TIME _____ A. M. _____ P. M. BY _____

INITIAL